

Before Starting the CoC Application

The CoC Consolidated Application is made up of three parts: the CoC Application, the Project Listing, and the Project Applications. The Collaborative Applicant is responsible for submitting two of these sections. In order for the CoC Consolidated Application to be considered complete, each of these two sections **REQUIRES SUBMISSION**:

- CoC Application
- Project Listing

Please Note:

- Review the FY2013 CoC Program NOFA in its entirety for specific application and program requirements.
- Use the CoC Application Detailed Instructions while completing the application in e-snaps. The detailed instructions are designed to assist applicants as they complete the application forms in e-snaps.
- As a reminder, CoCs are not able to import data from the 2012 application due to significant changes to the CoC Application questions. All parts of the application must be fully completed.
- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the application.

For Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1A-1 CoC Name and Number: CA-609 - San Bernardino City & County CoC

1A-2 Collaborative Applicant Name: County of San Bernardino Office of Homeless Services

1A-3 CoC Designation: CA

1B. Continuum of Care (CoC) Operations

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1B-1 How often does the CoC conduct meetings of the full CoC membership? Monthly

1B-2 How often does the CoC invite new members to join the CoC through a publicly available invitation? Monthly

1B-3 Does the CoC include membership of a homeless or formerly homeless person? Yes

1B-4 For members who are homeless or formerly homeless, what role do they play in the CoC membership? Volunteer, Organizational employee, Community Advocate
Select all that apply.

1B-5 Does the CoC's governance charter incorporate written policies and procedures for each of the following:

1B-5.1 Written agendas of CoC meetings?	Yes
1B-5.2 Centralized or Coordinated Assessment System?	No
1B-5.3 Process for Monitoring Outcomes of ESG Recipients?	Yes
1B-5.4 CoC policies and procedures?	Yes
1B-5.5 Written process for board selection?	Yes
1B-5.6 Code of conduct for board members that includes a recusal process?	Yes
1B-5.7 Written standards for administering assistance?	Yes

1C. Continuum of Care (CoC) Committees

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1C-1 Provide information for up to five of the most active CoC-wide planning committees, subcommittees, and/or workgroups, including a brief description of the role and the frequency of meetings. Collaborative Applicants should only list committees, subcommittees and/or workgroups that are directly involved in CoC-wide planning, and not the regular delivery of services.

	Name of Group	Role of Group (limit 750 characters)	Meeting Frequency	Names of Individuals and/or Organizations Represented
1C-1.1	Housing Committee	Meets to discuss strategies to move homeless persons and households from street homelessness and emergency shelter to stable	Monthly	Homeless Service Providers, local government, Housing Authority, homeless/formerly homeless, affordable housing developers, school district, mental health agencies, and advocates
1C-1.2	Local Interagency Council on Homelessness	Meets to develop the County's strategy to end homelessness, with a particular focus on addressing the needs of chronic homeless	Monthly	Housing Authority, elected officials, mental health agencies, homeless service providers, affordable housing developers, school districts, veteran services, domestic violence service providers, law enforcement, local businesses
1C-1.3	HMIS Advisory Committee	Ensures implementation of CoC HMIS including compliance with HMIS Data and Technical	Monthly	Homeless service providers, local education authorities, mental health agencies, veteran services, mental health agencies, victim service providers and advocacy groups
1C-1.4	Discharge Planning Committee	Develop and implement a countywide homeless prevention policy for person leaving publicly funded institutions or systems of care who have no identified immediate housing.	Monthly	Hospitals/health care providers, veteran services, law enforcement, homeless service providers, education authorities, and homeless service providers for youth
1C-1.5	Coordinated Assessment Committee	Primarily responsible for creating and implementing centralized intake and assessment tools and centralized point of intake and evaluation of programs across the system of care. Ensuring that the centralized intake and assessment tools and centralized point of intake accomplish the following mandates; Prevent homelessness for persons at risk of homelessness by providing resources to help them maintain their current housing; Shorten the length of homelessness for homeless households by early assessment of barriers and efficient use of resources to move households into permanent housing; and bridge any service gaps by providing advocacy as necessary and point of contact for individuals and families in a housing crisis.	Monthly	Faith based service providers, faith based organizations, mental health agencies, veteran services, victim service providers, hospitals/health care providers, formerly homeless individuals, school districts and local education authorities.

**1C-2 Describe how the CoC considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area when establishing the CoC-wide committees, subcommittees, and workgroups.
(limit 750 characters)**

The CoC has established a range of committees that meet on an on-going basis. Each committee addresses specific issues. A person interested in business related matters will likely attend a meeting that addresses such matters. The CoC publishes the agenda for all of its meetings in advance and circulates them via e-mail and at various community meetings. These meetings are open to the public. Minutes to meetings are available to the public via various e-mail lists. Efforts are made to invite representatives likely to be interested in a given matter such as businesses, faith communities, government, neighborhood groups, nonprofits, and homeless and formerly homeless persons. The Housing Sub-Committee includes representatives from housing developers, non-profit developers, funders, homeless assistance providers, and faith based agencies.

1D. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**1D-1 Describe the specific ranking and selection process the CoC uses to make decisions regarding project application review and selection, based on objective criteria. Written documentation of this process must be attached to the application along with evidence of making the information publicly available.
(limit 750 characters)**

Renewal programs in the CoC were required to submit a Letter of Intent (LOI) to Renew. The LOI consisted of the following:1) APR results;2) spending (timely or slow);3)cost effectiveness;4)review match;5)HMIS participation;6)CoC membership;7)independent audit;8)HUD monitoring findings;9)CoC monitoring findings. LOIs submitted by agencies were presented to Ad Hoc Review Committee (AHRC). AHRC met and reviewed the LOI responses and prepared recommendations based on the criteria stated in San Bernardino Ranking and Selection Process for Renewal Project Document (SBRSP). ICH members were presented with a copy of the SBRSP which includes the CoC Priorities: Renewal PSH; Renewal TH; Planning costs; HMIS; and SSO programs.

**1D-2 Describe how the CoC reviews and ranks projects using periodically collected data reported by projects, conducts analysis to determine each project's effectiveness that results in participants rapid return to permanent housing, and takes into account the severity of barriers faced by project participants. Description should include the specific data elements and metrics that are reviewed to do this analysis.
(limit 1000 characters)**

Each year the CoC collects all HUD funded agencies most recently submitted APR and records the results of the following APR responses on the AdHoc Comm. Review Analysis Chart; % of clients that increase income from employment at exit, % of clients that increase income from sources other than employment at exit, % of clients that obtained non-cash mainstream benefits @ program exit, PSH Only: % of homeless persons staying in permanent supportive housing program at the end of the operating year. The CoC then ranks projects according to the CoC Priority Listings; Renewal permanent housing projects; Renewal transitional housing; CoC Planning costs; HMIS and SSO.

**1D-3 Describe the extent in which the CoC is open to proposals from entities that have not previously received funds in prior Homeless Assistance Grants competitions.
(limit 750 characters)**

Throughout the year, the CoC provides workshops to educate local service providers on a variety of HUD funding sources. The lead CoC agency, Office of Homeless Services (OHS), releases a Request for Proposals (RFP) and advertises the County's desire to solicit proposals from agencies identifying projects providing permanent housing and/or other housing-related activities. Prospective proposers are notified of the RFP through announcements at Homeless Partnership meetings, mail distribution, newspaper advertising and Internet posting. OHS facilitates a workshop and an e-snaps technical workshop for proposers interested in submitting. Once submissions have been received from local service providers, a Grant Review Committee (GRC) reviews, evaluates, and rates each proposal. Agencies are notified of the GRC findings and provided feedback.

1D-4 On what date did the CoC post on its website all parts of the CoC Consolidated Application, including the Priority Listings with ranking information and notified project applicants and stakeholders the information was available? Written documentation of this notification process (e.g., evidence of the website where this information is published) must be attached to the application. 01/30/2014

1D-5 If there were changes made to the ranking after the date above, what date was the final ranking posted?

1D-6 Did the CoC attach the final GIW approved by HUD either during CoC Registration or, if applicable, during the 7-day grace period following the publication of the CoC Program NOFA without making changes? Yes

1D-6.1 If no, briefly describe each of the specific changes that were made to the GIW (without HUD approval) including any addition or removal of projects, revisions to line item amounts, etc. For any projects that were revised, added, or removed, identify the applicant name, project name, and grant number. (limit 1000 characters)

1D-7 Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the last 12 months? No

**1D-7.1 If yes, briefly describe the complaint(s), how it was resolved, and the date(s) in which it was resolved.
(limit 750 characters)**

1E. Continuum of Care (CoC) Housing Inventory

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1E-1 Did the CoC submit the 2013 HIC data in Yes
the HDX by April 30, 2013?

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2A-1 Describe how the CoC ensures that the HMIS is administered in compliance with the CoC Program interim rule, conformance with the 2010 HMIS Data Standards and related HUD Notices. (limit 1000 characters)

The County Office of Homeless Services (OHS) is the lead CoC and HMIS agency in the CoC. OHS is responsible for the administration and oversight of the CoC's HMIS. OHS provides monthly training to all agencies utilizing the HMIS. The HMIS training includes the uniform technical requirements for HMIS as noted in 76 FR 76917 for proper data collection and maintenance of the database, and ensures the confidentiality of the information in the database. The training also reviews the 2010 Final HMIS Data Standards which include the following; new set of Program Description Data Elements, revisions to HMIS Data Standards for Universal Data Elements and Program-Specific Data Elements. OHS provides monthly HMIS data quality updates at the Homeless Provider Network meetings and mandatory technical assistance visits are conducted at each participating HMIS agency. OHS also facilitates the monthly HMIS Advisory Group which consists of program directors from HMIS participating agencies.

2A-2 Does the governance charter in place between the CoC and the HMIS Lead include the most current HMIS requirements and outline the roles and responsibilities of the CoC and the HMIS Lead? If yes, a copy must be attached.

Yes

2A-3 For each of the following plans, describe the extent in which it has been developed by the HMIS Lead and the frequency in which the CoC has reviewed it: Privacy Plan, Security Plan, and Data Quality Plan. (limit 1000 characters)

Office of Homeless Services (OHS) is the Collaborative Applicant and HMIS Lead in the CoC. Data Quality Plan-The HEARTH Act, HPRP and the VA participation in HMIS mandates that is quality data entered in HMIS for reporting – QPR, APR, AHAR, etc. The Data Quality, Security, and Privacy Plans developed by OHS were developed to ensure compliance with HMIS Data and Technical Standards, quality, timeliness and accuracy of HUD data elements by all HMIS participating agencies. The Data Quality Plan is reviewed and updated annually or when additional data requirements are imposed by new regulations. Security Plan-The CoC HMIS Security Plan ensures the security of all HMIS information by ensuring a unique user name and password, secure location for equipment, locking screen savers, virus protection, network firewalls, restrictions on access to HMIS via public forums, compliance w/HMIS policy and procedures manual and validation of off-site data storage. Privacy Plan-Agencies undergo an HMIS security monitoring which includes Physical and Environmental security, personnel security, application program/usage security, PC configuration, and network configuration.

2A-4 What is the name of the HMIS software selected by the CoC and the HMIS Lead? AESEngenuity
Applicant will enter the HMIS software name (e.g., ABC Software).

2A-5 What is the name of the HMIS vendor? Adsystech, Inc.
Applicant will enter the name of the vendor (e.g., ESG Systems).

2A-6 Does the CoC plan to change the HMIS software within the next 18 months? Yes

2B. Homeless Management Information System (HMIS) Funding Sources

2B-1 Select the HMIS implementation coverage area: Single CoC

2B-2 Select the CoC(s) covered by the HMIS: CA-609 - San Bernardino City & County CoC
(select all that apply)

2B-3 In the chart below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.

2B-3.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$250,158
ESG	\$0
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$250,158

2B-3.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	\$0
Department of Health and Human Services	\$24,092
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$0
Other Federal	\$0
Other Federal - Total Amount	\$24,092

2B-3.3 Funding Type: State and Local

Funding Source	Funding
City	\$0
County	\$275,000
State	\$112,978
State and Local - Total Amount	\$387,978

2B-3.4 Funding Type: Private

Funding Source	Funding
Individual	\$0
Organization	\$0
Private - Total Amount	\$0

2B-3.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$0
Other - Total Amount	\$0

2B-3.6 Total Budget for Operating Year	\$662,228
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2B-4 How was the HMIS Lead selected by the CoC? Agency was Appointed

2B-4.1 If other, provide a description as to how the CoC selected the HMIS Lead.
(limit 750 characters)

2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2C-1 Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu:

* Emergency shelter	86%+
* Safe Haven (SH) beds	Housing type does not exist in CoC
* Transitional Housing (TH) beds	86%+
* Rapid Re-Housing (RRH) beds	86%+
* Permanent Supportive Housing (PSH) beds	86%+

2C-2 How often does the CoC review or assess its HMIS bed coverage? Monthly

**2C-3 If the bed coverage rate for any housing type is 64% or below, describe how the CoC plans to increase this percentage over the next 12 months.
(limit 1000 characters)**

**2C-4 If the Collaborative Applicant indicated that the bed coverage rate for any housing type was 64% or below in the FY2012 CoC Application, describe the specific steps the CoC has taken to increase this percentage.
(limit 750 characters)**

2D. Homeless Management Information System (HMIS) Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2D-1 For each housing type, indicate the average length of time project participants remain in housing. If a housing type does not exist in the CoC, enter "0".

Type of Housing	Average Length of Time in Housing
Emergency Shelter	22
Transitional Housing	185
Safe Haven	0
Permanent Supportive Housing	217
Rapid Re-housing	159

2D-2 Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2013 for each Universal Data Element listed below.

Universal Data Element	Percentage
Name	0%
Social security number	0%
Date of birth	0%
Ethnicity	0%
Race	2%
Gender	0%
Veteran status	0%
Disabling condition	1%
Residence prior to program entry	3%
Zip Code of last permanent address	2%
Housing status	0%
Head of household	0%

2D-3 Describe the extent in which HMIS generated data is used to generate HUD required reports (e.g., APR, CAPER, etc.). (limit 1000 characters)

The HMIS software utilized within the CoC provides the required data for all HUD required reports. The CoC HMIS has the capability to provide Program Outputs, Client Characteristics, Financial Information, and Performance Measures for accurate APR data. Local government utilizes reports from HMIS to assist them in completing the CAPER for the HOME, HOPWA, ESG and CDBG programs. Agencies are able to generate statistical information for a variety of reporting periods or date ranges. The CoC HMIS maintains the functionality to produce the ESG-CAPER Subrecipient Report for a variety of date ranges and for one or more projects. The CoC successfully submitted HMIS usable data to HUD for the 2013 AHAR, prepared AdHoc Reports to assist the CoC in determining if the CoC is meeting goals as defined in Opening Doors and the County's 10-Year Strategy to End Homelessness.

2D-4 How frequently does the CoC review the data quality in the HMIS of program level data? Monthly

**2D-5 Describe the process through which the CoC works with the HMIS Lead to assess data quality. Include how the CoC and HMIS Lead collaborate, and how the CoC works with organizations that have data quality challenges.
(Limit 1000 characters)**

CoC Lead Agency and HMIS Lead Agency in the CoC is the Office of Homeless Services (OHS). OHS and the HMIS Advisory Committee developed the HMIS data quality procedures. OHS conducts monthly reviews for each agency in the following areas; Data Completeness, Timeliness, and Bed Utilization. The results are presented in a monthly report card that is provided to each agency and posted on the OHS website. Agencies meeting data quality benchmarks are recognized by the OHS at monthly Homeless Provider Network (HPN) meetings. Monitoring is conducted for agencies within the CoC. A report and required corrective action for findings are sent to agencies within 14 days of the visit. OHS works with agencies to identify training needs to improve data quality and develop a plan to improve the data.

2D-6 How frequently does the CoC review the data quality in the HMIS of client-level data? Monthly

2E. Homeless Management Information System (HMIS) Data Usage and Coordination

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2E-1 Indicate the frequency in which the CoC uses HMIS data for each of the following activities:

* Measuring the performance of participating housing and service providers	Monthly
* Using data for program management	Monthly
* Integration of HMIS data with data from mainstream resources	Monthly
* Integration of HMIS data with other Federal programs (e.g., HHS, VA, etc.)	Monthly

2F. Homeless Management Information System (HMIS) Policies and Procedures

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2F-1 Does the CoC have a HMIS Policy and Procedures Manual? If yes, the HMIS Policy and Procedures Manual must be attached. Yes

2F-1.1 What page(s) of the HMIS Policy and Procedures Manual or governance charter includes the information regarding accuracy of capturing participant entry and exit dates in HMIS? (limit 250 characters)

The importance of capturing accurate participant entry and exit dates as well as all of the Universal and Program Specific Data Elements is noted on pages 8-17 & 8-18 of the Office of Homeless Services-HMIS Policies and Procedures document.

2F-2 Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)? Yes

2G. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2G-1 Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy): 01/24/2013

2G-2 If the CoC conducted the sheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD? Not Applicable

2G-3 Enter the date the CoC submitted the sheltered point-in-time count data in HDX: 04/25/2013

2G-4 Indicate the percentage of homeless service providers supplying sheltered point-in-time data:

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters	0%	10%	0%	90%
Transitional Housing	0%	7%	0%	93%
Safe Havens	0%	0%	0%	0%

2G-5 Comparing the 2012 and 2013 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and then describe the reason(s) for the increase, decrease, or no change. (Limit 750 characters)

Overall, sheltered homelessness increased approximately 28% from 840 persons in 2012 to 1,074 persons in 2013. Due to inclement weather, the Transitional Assistance Department issued 133 additional housing vouchers than in 2012 which accounts for the rise in the use of emergency shelter beds in 2013. Transitional Housing programs increased the number of occupied beds through strong outreach efforts, collaboration with mainstream and homeless service providers, and accurate HMIS client data entry.

2H. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2H-1 Indicate the method(s) used to count sheltered homeless persons during the 2013 point-in-time count:**

Survey providers:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Extrapolation:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

**2H-2 If other, provide a detailed description.
(limit 750 characters)**

**2H-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population during the 2013 point-in-time count was accurate.
(limit 750 characters)**

Methods used to collect data for the sheltered homeless population included the following activities: 1) prior to the PIT sheltered count, the HIC submitted to HUD in 4/12 was updated; 2) HMIS was used to verify the beds of participating programs and the total number of occupied beds during the night of the PIT and was used to collect subpopulation data; 3) a program survey was completed by each non-HMIS participating program that included questions that gathered the same information which was gathered through HMIS (the survey was administered by staff); and 4) data collected through HMIS and the program survey was combined which provided the number of sheltered persons and the breakdown of the number of persons within each subpopulation.

2I. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count: Data Collection

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2I-1 Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:**

HMIS:	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
Sample strategy: (if Sample of PIT interviews plus extrapolation is selected)	
Provider expertise:	<input type="checkbox"/>
Interviews:	<input checked="" type="checkbox"/>
Non-HMIS client level information:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

**2I-2 If other, provide a detailed description.
(limit 750 characters)**

**2I-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate.
(limit 750 characters)**

The methods used to collect data for the sheltered populations included: 1) prior to the PIT count, the HIC that was submitted to HUD in April 2013 was updated to include new ES, TH, and overflow beds including motel vouchers or deleted any that were no longer in existence; 2) HMIS was used to verify the total number of beds of participating programs and the total number of occupied beds during the night of the PIT and was used to collect subpopulation data; 3) a program survey was completed by each non-HMIS participating program that included questions for the same information which was gathered through HMIS; and 4) the data collected through HMIS and the program survey was combined which provided the number of sheltered persons and the breakdown of the number of persons within each subpopulation.

2J. Continuum of Care (CoC) Sheltered Homeless Point-in-Time Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

* 2J-1 Indicate the methods used to ensure the quality of the data collected during the sheltered point-in-time count:

Training:	<input checked="" type="checkbox"/>
Follow-up	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication :	<input type="checkbox"/>
Other:	<input checked="" type="checkbox"/>

2J-2 If other, provide a detailed description. (limit 750 characters)

An identifier based on initials, gender, ethnicity, date of birth was created for each sheltered person counted. If the identifier appeared more than once the person was counted only once.

2J-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate. (limit 750 characters)

Training: The CoC provided one-on-one training with each shelter provider that included a trial run regarding the questions in the count instrument that captured a PIT count and various questions needed to be answered in order to determine subpopulations. This helped ensure that providers were answering the questions correctly. Providers were told that self-administered surveys were not allowed. Remind/Follow-up: Weekly reminders were sent to providers during the 4 weeks prior to count. Another reminder was sent during the day before the count. All instruments were reviewed for accuracy when collected from the providers. The coordinator contacted the few providers that did not turn in accurate data right after the count and worked with them to correct data. HMIS: CoC used HMIS to verify data collected from providers. Other: See 2J-2.

2K. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2K-1 Indicate the date of the most recent unsheltered point-in-time count: 01/24/2013

2K-2 If the CoC conducted the unsheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD? Not Applicable

2K-3 Enter the date the CoC submitted the unsheltered point-in-time count data in HDX: 04/26/2013

2K-4 Comparing the 2013 unsheltered point-in-time count to the last unsheltered point-in-time count, indicate if there was an increase, decrease, or no change and describe the specific reason(s) for the increase, decrease, or no change. (limit 750 characters)

The CoC experienced an 18% decrease in the number of unsheltered persons in 2013. In 2011, 2,825 persons were reported as unsheltered homeless compared to 2,321 in 2013. The decrease was likely due to additional HUD Permanent Supportive Programs opening within the CoC, and an investment of additional federal resources to prevent homelessness and quickly re-house people who did become homeless.

2L. Continuum of Care (CoC) Unsheltered Point-in-Time Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2L-1 Indicate the methods used to count unsheltered homeless persons during the 2013 point-in-time count:**

Public places count:	<input type="checkbox"/>
Public places count with interviews on the night of the count:	<input checked="" type="checkbox"/>
Public places count with interviews at a later date:	<input type="checkbox"/>
Service-based count:	<input type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

**2L-2 If other, provide a detailed description.
(limit 750 characters)**

**2L-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the unsheltered homeless population during the 2013 point-in-time count was accurate.
(limit 750 characters)**

CoC conducted a PIT count with interviews. All persons encountered were interviewed and asked: 1) "Are you homeless today" (which ensured only homeless persons were counted); 2) "Is your spouse or partner homeless today" which ensured that such persons were identified and included; and 3) "how many children are living homeless with you or you and your spouse today" which ensured that all children were counted. A methodology was used to create an identifier that prevented a person being counted more than once as noted in section 2N. Counters interviewed people using non-shelter services: such as food programs and drop-in centers. Each person was asked if they were homeless today and those who answered "yes" were included in count. HMIS: CoC entered respondent information into HMIS to de-duplicate and ensure persons were not counted twice.

2M. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Level of Coverage

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2M-1 Indicate where the CoC located unsheltered homeless persons during the 2013 point-in-time count: A Combination of Locations

**2M-2 If other, provide a detailed description.
(limit 750 characters)**

2N. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2N-1 Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2013 unsheltered population count:**

Training:	<input checked="" type="checkbox"/>
"Blitz" count:	<input type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey question:	<input checked="" type="checkbox"/>
Enumerator observation:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

**2N-2 If other, provide a detailed description.
(limit 750 characters)**

**2N-3 For each method selected, including other, describe how the method was used to reduce the occurrence of counting unsheltered homeless persons more than once during the 2013 point-in-time count. In order to receive credit for any selection, it must be described here.
(limit 750 characters)**

Trainings: were conducted concerning the count instrument used to collect data from every homeless person counted: first initial of first name and last name, gender, ethnicity, year born, and state born.

Identifier: This process created an identifier that prevented a person from being included in the count more than once. If the same person was encountered again counters would establish the same code. The following code of "WTMW1957CA is an example. First name began with "W", last name began with "T", he was male "M", he was White "W", born in 1957, and born in California. If this code appeared more than once, the person was counted once in final tally.

Survey: The instrument also included 15 specific survey questions to gather accurate data for HUD required subpopulation which was entered, cleaned, and analyzed for results.

3A. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 1: Increase Progress Towards Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). The first goal in Opening Doors is to end chronic homelessness by 2015. Creating new dedicated permanent supportive housing beds is one way to increase progress towards ending homelessness for chronically homeless persons. Using data from Annual Performance Reports (APR), HMIS, and the 2013 housing inventory count, complete the table below.

3A-1.1 Objective 1: Increase Progress Towards Ending Chronic Homelessness

	Proposed in 2012 CoC Application	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-1.1a For each year, provide the total number of CoC-funded PSH beds not dedicated for use by the chronically homeless that are available for occupancy.		407	400	395
3A-1.1b For each year, provide the total number of PSH beds dedicated for use by the chronically homeless.	175	182	189	194
3A-1.1c Total number of PSH beds not dedicated to the chronically homeless that are made available through annual turnover.		6	7	8
3A-1d Indicate the percentage of the CoC-funded PSH beds not dedicated to the chronically homeless made available through annual turnover that will be prioritized for use by the chronically homeless over the course of the year.		85%	85%	85%
3A-1.1e How many new PSH beds dedicated to the chronically homeless will be created through reallocation?		75	80	85

**3A-1.2 Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015.
(limit 1000 characters)**

The CoC will continue to reallocate existing transitional housing beds for individuals to permanent supportive housing beds. In addition, at least 75% of current permanent supportive housing providers will fill future vacant permanent supportive housing beds with chronically homeless persons.

**3A-1.3 Identify by name the individual, organization, or committee that will be responsible for implementing the goals of increasing the number of permanent supportive housing beds for persons experiencing chronic homelessness.
(limit 1000 characters)**

The collaborative applicant coordinates with the Interagency Council on Homelessness (ICH), Housing Sub-Committee to increase the number of permanent supportive housing beds for persons experiencing chronic homelessness. The ICH Housing Sub-Committee is comprised of the following agencies; Department of Behavioral Health, Housing Authority of the County of San Bernardino, Central City Lutheran Mission, 2-1-1, Foothill AIDS Project, Family Assistance Program, Department of Community Development and Housing, Family Service Association of Redlands, Department of Public Health, St. John of God, Homestrong, U.S. Vets, Inc., California Apartment Association – Inland Empire, and the Office of Homeless Services.

3A. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 2: Increase Housing Stability

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Achieving housing stability is critical for persons experiencing homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-2.1 Does the CoC have any non-HMIS projects for which an APR should have been submitted between October 1, 2012 and September 30, 2013? No

3A-2.2 Objective 2: Increase Housing Stability

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-2.2a Enter the total number of participants served by all CoC-funded permanent supportive housing projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013:	343	400	450
3A-2.2b Enter the total number of participants that remain in CoC-funded funded PSH projects at the end of the operating year PLUS the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination.	336	393	443
3A-2.2c Enter the percentage of participants in all CoC-funded projects that will achieve housing stability in an operating year.	98%	93%	95%

3A-2.3 Describe the CoC's two year plan (2014-2015) to improve the housing stability of project participants in CoC Program-funded permanent supportive housing projects, as measured by the number of participants remaining at the end of an operating year as well as the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit to 1000 characters)

All of the CoC's PSH programs exceed the HUD goal of 80%. 63% are at 100%; 37% are between 90% and 98%. In order to increase those PSH programs that are between 90% and 98%, the CoC will help them further identify and minimize programmatic barriers to long term housing success. The CoC will continue to meet with all PSH grantees to monitor progress, review and analyze HMIS data on a monthly basis, develop HMIS Report Cards in order to monitor agencies progress made towards meeting the CoC's goal of 100% for all PSH projects. The CoC will also continue to identify best practices and present its findings to PSH providers in order to help them adopt new, or modify existing, protocols and services in order to increase their retention outcomes and to maintain them in the case of those PSH programs who are at 100%. The CoC is also working with PSH providers to increase mainstream resources for residents. This includes TANF funds to be used for employment services and a range of supportive services and ACA which expands services that can be funded by Medicaid/Medi-cal.

3A-2.4 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of housing stability in CoC-funded projects. (limit 1000 characters)

Housing stability is part of the homeless prevention/response services provided through the County's network of homeless provider agencies and its housing first approach. The development and delivery of housing and homelessness services is the responsibility of the County's Interagency Council on Homelessness (ICH) as the body designated by the Board of Supervisors to implement and expand housing stability as a system goal that is characterized by homeless prevention, housing stability and crisis intervention services. The ICH collaborates and coordinates with a wide range of community partners and stakeholders. Services are mostly operated by over 200 community agencies that participate in improving service integration through the local, state and federal housing support programs that support individuals and families to ultimately maintain permanent supportive housing that is affordable, safe, secure, accessible, health promoting, and is flexible to one's changing needs over time.

3A. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 3: Increase project participants income

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to increase income is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

**3A-3.1 Number of adults who were in CoC- 846
 funded projects as reported on APRs
 submitted during the period between October
 1, 2012 and September 30, 2013:**

3A-3.2 Objective 3: Increase project participants income

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-3.2a Enter the percentage of participants in all CoC-funded projects that increased their income from employment from entry date to program exit?	36%	38%	40%
3A-3.2b Enter the percentage of participants in all CoC-funded projects that increased their income from sources other than employment from entry date to program exit?	56%	58%	60%

3A-3.3 In the table below, provide the total number of adults that were in CoC-funded projects with each of the cash income sources identified below, as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.

Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-3.1	
Earned Income	306	36.17	%
Unemployment Insurance	42	4.96	%
SSI	149	17.61	%

SSDI	44	5.20	%
Veteran's disability	25	2.96	%
Private disability insurance	0		%
Worker's compensation	4	0.47	%
TANF or equivalent	140	16.55	%
General Assistance	39	4.61	%
Retirement (Social Security)	1	0.12	%
Veteran's pension	15	1.77	%
Pension from former job	1	0.12	%
Child support	10	1.18	%
Alimony (Spousal support)	3	0.35	%
Other Source	119	14.07	%
No sources	0		%

**3A-3.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes from non-employment sources from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table (3A-3.2) above.
(limit 1000 characters)**

The CoC: 1) implements APR tracking of all PH, TH, and SSO projects and monitor results quarterly; 2) works with all PH, TH, and SSO projects to identify barriers to obtaining income other than employment and make projects aware of other income sources to meet our local goal and exceed the national average of income from sources of 54%; 3) continues to focus on issues including barriers to obtaining income from non-employment sources; and 4) identifies providers who are weak in the areas of connecting participants with non-employment income sources, identify solutions, and prepare corrective action plans. In addition, the CoC shares high-performing agency findings in order to help lower performing agencies improve income from non-employment sources for clients.

**3A-3.5 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes through employment from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above.
(limit 1000 characters)**

The CoC: 1) implements APR tracking of all PH, TH, and SSO projects and monitor results quarterly; 2) works with all PH, TH, and SSO projects to identify barriers to employment and make projects aware of employment services to meet the goal to continue to exceed the national average employment percentage of 20%; 3) continues to focus on employment issues including barriers to employment; and 4) identifies providers who are weak in the areas of connecting participants with employment, identify solutions, and prepare corrective action plans. In addition, the CoC shares high-performing agency findings in order to help lower performing agencies improve employment outcomes for clients. Currently, 61% of CoC funded agencies are below the 2013 actual numeric baseline and will be the focus of #3 and 4 above.

3A-3.6 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that increase income from entry date to program exit. (limit 1000 characters)

The Office of Homeless Services, Collaborative Application and lead HMIS agency, Interagency Council on Homelessness, homeless service providers are responsible for implementing the goals increasing the rate of income from entry date to program exit. The OHS facilitates annual workshops to educate local homeless service providers of connecting clients with employment and mainstream services. Workforce Development Department, Social Security Administration, Transitional Assistance Department, Veterans Administration, Public Health, and Housing Authority present at monthly Homeless Provider Network Meetings and provide outreach at the bi-annual CoC Project Homeless Connects. ICH is presented with a monthly written report regarding agencies not meeting CoC goals and requirements.

3A. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 4: Increase the number of participants obtaining mainstream benefits

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to obtain mainstream benefits is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-4.1 Number of adults who were in CoC- 846
 funded projects as reported on APRs
 submitted during the period between October
 1, 2012 and September 30, 2013.

3A-4.2 Objective 4: Increase the number of participants obtaining mainstream benefits

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-4.2a Enter the percentage of participants in ALL CoC-funded projects that obtained non-cash mainstream benefits from entry date to program exit.	58%	60%	62%

3A-4.3 In the table below, provide the total number of adults that were in CoC-funded projects that obtained the non-cash mainstream benefits from entry date to program exit, as reported on APRs submitted during the period between October 1, 2013 and September 30, 2013.

Non-Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-4.1
Supplemental nutritional assistance program	234	27.66 %
MEDICAID health insurance	57	6.74 %
MEDICARE health insurance	13	1.54 %
State children's health insurance	1	0.12 %
WIC	15	1.77 %

VA medical services	3	0.35 %
TANF child care services	144	17.02 %
TANF transportation services	1	0.12 %
Other TANF-funded services	7	0.83 %
Temporary rental assistance	3	0.35 %
Section 8, public housing, rental assistance	10	1.18 %
Other Source	103	12.17 %
No sources	7	0.83 %

3A-4.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that access mainstream benefits from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

The CoC will review the APR mainstream benefits outcomes on a quarterly basis. The CoC will meet with low-performing agencies in order to identify causes for low mainstream benefits rates. The CoC will also meet with high performing agencies in order to identify reasons for higher mainstream benefits rates. The CoC will share high-performing agency findings with lower performing agencies in order to help them improve mainstream benefits outcomes for clients. Currently, Currently, 56% of CoC funded agencies are below the 2013 Actual numeric baseline and will be the focus of all of the activist noted above.

3A-4.5 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that that access non-cash mainstream benefits from entry date to program exit. (limit 1000 characters)

Office of Homeless Services (OHS), lead agency and lead HMIS agency, Interagency Council on Homelessness (ICH), Governing Board of the CoC, and all agencies providing homeless services within the CoC, are responsible for implementing goals and increasing the rate of project participants exiting with access to non-cash mainstream benefits. The OHS facilitates annual workshops to educate local homeless service providers of mainstream benefits available throughout the CoC. The Social Security Administration, Transitional Assistance Department, Veterans Administration, District Attorney-Child Support Division, Public Health, and Housing Authority present at monthly Homeless Provider Network Meetings and provide outreach at the bi-annual CoC Project Homeless Connects. ICH is presented with a monthly written report regarding agencies not meeting CoC goals and requirements.

3A. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 5: Using Rapid Re-Housing as a method to reduce family homelessness

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Rapid re-housing is a proven effective housing model. Based on preliminary evidence, it is particularly effective for households with children. Using HMIS and Housing Inventory Count data, populate the table below.

3A-5.1 Objective 5: Using Rapid Re-housing as a method to reduce family homelessness.

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-5.1a Enter the total number of homeless households with children per year that are assisted through CoC-funded rapid re-housing projects.	0	20	25
3A-5.1b Enter the total number of homeless households with children per year that are assisted through ESG-funded rapid re-housing projects.	854	875	900
3A-5.1c Enter the total number of households with children that are assisted through rapid re-housing projects that do not receive McKinney-Vento funding.	0	0	0

3A-5.2 Describe the CoC's two year plan (2014-2015) to increase the number homeless households with children assisted through rapid re-housing projects that are funded through either McKinney-Vento funded programs (CoC Program, and Emergency Solutions Grants program) or non-McKinney-Vento funded sources (e.g., TANF). Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

The CoC is reallocating one project to Rapid Re-Housing this year. That project will serve at least 20 households with children per year. Projects through the Emergency Solutions Grant funding will increase for Rapid Re-Housing projects as well. As a result, an additional 25 households with children will be served during 2014 and 2015.

3A-5.3 Identify by name the individual, organization, or committee that will be responsible for increasing the number of households with children that are assisted through rapid re-housing in the CoC geographic area. (limit 1000 characters)

The responsibility for increasing the number of households with children assisted by RRH in the CoC will be the task of several partners. Those organizations and committee include; but are not limited to: the local Interagency Council on Homelessness' Housing Sub-Committee; Community Development and Housing, local ESG recipient; Office of Homeless Services, lead agency/HMIS; and Knowledge and Education for Your Success Program, non-profit affiliate of the San Bernardino County Housing Authority; Light House Treatment Center, funded by Supportive Services for Veterans and Families (SSVF); and US Vets; also funded by SSVF.

3A-5.4 Describe the CoC's written policies and procedures for determining and prioritizing which eligible households will receive rapid re-housing assistance as well as the amount or percentage of rent that each program participant must pay, if applicable. (limit 1000 characters)

The ESG program written policies and procedures were developed in collaboration with the Community Development and Housing, Office of Homeless Services, lead CoC and HMIS agency, and ESG recipients. Homeless Prevention targets those closest to becoming homeless and assesses wide ranging risk factors to remedy causal characteristics through an assessment tool, case management and training. Rapid Re-Housing (RRH) applicants complete a rating and criteria assessment tool to determine if they will receive RRH assistance to overcome immediate housing obstacles; connect clients with necessary resources; and identify training needs. Standards for determining the share of rent and utility costs that each program participant must pay, if any, while receiving homelessness prevention and rapid re-housing assistance are; Rental Assistance Rent Share: client to pay up to 30% of Adjusted Gross Income (based upon "ability to pay"). Utility Assistance: client may receive assistance of up to 100% of each eligible utility (based upon "ability to pay"), including up to 6 months in arrears. Utilities are restricted to electricity, gas, and water and include security deposits.

3A-5.5 How often do RRH providers provide case management to households residing in projects funded under the CoC and ESG Programs? (limit 1000 characters)

During the initial assessment, clients and counselors develop an individual family case plan, agree to attend housing and budget counseling services for 6 - 12 months, and enroll in additional classes to assist them in overcoming barriers to stable housing. Clients are also asked to sign an agreement outlining the requirement to attend weekly case management sessions. After clients are housed, they are required to attend case management sessions on a monthly basis and are re-assessed to track changes in client's situation and determine if RRH assistance should end or continue. The most common ways agencies use to contact RRH clients for follow-up is through cell phones, outreach to relatives and friends and landlords.

3A-5.6 Do the RRH providers routinely follow up with previously assisted households to ensure that they do not experience additional returns to homelessness within the first 12 months after assistance ends? (limit 1000 characters)

CoC RRH providers are required to contact former RRH recipients at 3 and 6 months to conduct an assessment of housing stability and address other needs if required. If an initial follow-up assessment indicates that a client is at risk of homelessness the agency representative works with the client to address barriers and apply for mainstream services to prevent recurring episodes of homelessness.

3B. Continuum of Care (CoC) Discharge Planning: Foster Care

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**3B-1.1 Is the discharge policy in place State Mandated Policy
mandated by the State, the CoC, or other?**

**3B-1.1a If other, please explain.
(limit 750 characters)**

**3B-1.2 Describe the efforts that the CoC has taken to ensure persons are
not routinely discharged into homeless and specifically state where
persons routinely go upon discharge.
(limit 1000 characters)**

The lead agency in the CoC, Office of Homeless Services (OHS), Department of Children and Family Services' (CFS) and youth providers actively participate in CoC monthly meetings and on-going trainings to ensure that foster youth are not discharged into homeless. Foster Youth transitioning out of foster care utilize the state-licensed Transitional Housing Placement-Plus-Foster Care (THP+FC). THP+FC is a provider-based, supervised housing and supportive services program for young adults. THP+FC providers are licensed as transitional housing providers and are subject to Community Care Licensing (CCL) regulations. Youth are reunified with families/guardians, emancipated and capable of living on their own, and connected with Foster Care services. The OHS, CFS, and youth service providers provide training to CoC members regarding the CoC's discharge plan for foster youth. Agencies providing permanent and transitional housing for youth include but are not limited to the following; The Phoenix Apt. Project, Global One-TAY Perm. Housing, Our House, and Young Visionaries.

**3B-1.3 Identify the stakeholders and/or collaborating agencies that are
responsible for ensuring that persons being discharged from a system of
care are not routinely discharged into homelessness.
(limit 1000 characters)**

Children and Family Services (CFS), a CoC member and member of the Discharge Planning Committee has policies to assist youth in Foster Care to return to their families/guardians or settings other than McKinney-Vento funded beds. Youth are reunited with families/guardians, emancipated and capable of living on their own, and connected with Foster Care services such as education, financial services, mental health and substance abuse services to assist them in remaining housed. CFS collaborative partners include other County agencies, juvenile court, employment services, schools, and community-based organizations. Partners participate in the County Children's Policy Council and the Children's Advocate Linkage which is a mutually ongoing partnership between the various components of the Children's Network. Department of Behavioral Health has Transitional Aged Youth (TAY) Centers which assist TAY (aged 16-25) leaving Foster Care by providing them with the treatment programs and access to emergency and transitional housing.

3B. Continuum of Care (CoC) Discharge Planning: Health Care

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-2.1 Is the discharge policy in place State Mandated Policy mandated by the State, the CoC, or other?

**3B-2.1a If other, please explain.
(limit 750 characters)**

**3B-2.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)**

California law requires hospitals to have discharge plans for homeless patients. California hospital discharge planning requirements are established by California Health and Safety Code Sections 1262.5. The law was revised in 2008 to prevent the dumping of homeless persons. The law prohibits hospitals from dumping homeless patients and requires them to recommend ways to improve the homeless person's transition back to the community including housing. Patients are discharged to board and care facilities, skilled nursing facilities, family, friends, recuperative care facilities, transitional and permanent housing or to their own residence.

**3B-2.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)**

The primary stakeholders include the Discharge Planning Committee, local area hospitals and local service providers. Hospital case managers, in conjunction, with clinical nurses and San Bernardino County Human Services agencies, are responsible for planning for continued care based on the patient's individual needs, and for implementing the discharge plan consistent with the medical needs of the medical plan of care. Eight private and public hospitals participate within the CoC. The hospitals adhere to the Hospital Association of Southern California (HASC), a member of the CoC, guidelines regarding discharge of homeless patients. Identified homeless patients work with a case manager and social worker who initiate a discharge plan for the transition to the community with the participation and agreement of the patient or surrogate decision maker. Hospital staff initiates a direct referral with verbal/written coordination to appropriate agency for follow-up.

3B. Continuum of Care (CoC) Discharge Planning: Mental Health

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-3.1 Is the discharge policy in place State Mandated Policy
mandated by the State, the CoC, or other?

3B-3.1a If other, please explain.
(limit 750 characters)

3B-3.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)

CA Health and Safety Code Section 1262 prohibits a mental health patient to be discharged from hospitals, psychiatric and skilled nursing facilities without an aftercare plan. CoC members work together to ensure that activities within mandated policy are carried out such as 1) nature of the illness 2) medications; 3) referrals to service providers 4) financial needs; 5) educational needs; 6) social needs; and 7) housing needs. Stakeholders include the Discharge Planning Committee, Department of Behavioral Health, Patton State Hospital, Hospital Association of Southern California, and other hospitals. The Discharge Planning Committee meets monthly to improve coordination between agencies, local government, and homeless service providers to implement a "zero tolerance" plan that will prevent persons being discharged into homelessness. Hospital staff contact the Human Services Department of pending discharges so it can assist in planning, especially for those who may be difficult to place or require extra supports. Those discharged from a mental health facility are discharged to their own housing, housing with a friend or relative or to a mental health residential program.

3B-3.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)

Agencies responsible for ensuring that persons are not being discharged into homelessness are the Department of Behavioral Health (DBH), Patton State Hospital, Hospital Association of Southern California, and Pacific Clinics. DBH has discharge planning protocols for children, Transitional Age Youth (TAY), adults and older adults being discharged from hospitalization. Protocols require planning for all hospitalization from inpatient psychiatric facilities through collaboration between DBH and health care providers. These individuals receive after-care plans that include linkages for follow-up with their health care provider and prescriptions to sustain them until their scheduled follow up visit. Individuals discharged with special needs, including those who are homeless, frequent the hospital, have a co-occurring disorder, or are involved in the legal system, have access to specialized programs like community treatment (ACT) that provides services 24/7. Based on staff assessment, workers have arranged housing placement in board and care, skilled nursing, and privately funded structured residential settings.

3B. Continuum of Care (CoC) Discharge Planning: Corrections

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-4.1 Is the discharge policy in place State Mandated Policy
mandated by the State, the CoC, or other?

3B-4.1a If other, please explain.
(limit 750 characters)

3B-4.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)

The Office of Homeless Services (OHS) coordinates with the San Bernardino County Reentry Collaborative (SBCRC) which works with law enforcement, and Community Based Organizations (CBO) to develop comprehensive strategies and provide ongoing training to service providers throughout the CoC to ensure those released from correctional facilities are not released in to homelessness. Bridging Reentry Integration by Driving Goal-oriented Effective Strategies (BRIDGES) program, in collaboration with Glen Helen Rehabilitation Center and funded by the Department of Justice, 2nd Change Program, provides CoC inmates who are within 3 months of their release case management to develop planning strategies for post-release needs including housing. The BRIDGES program collaborates with County of San Bernardino Probation Department which administers contracts with the Technical Employment Training Program, Family Assistance Program, and Victor Valley Family Resource Center to provide housing, case management and training for released inmates. Upon discharge, inmates obtain housing in transitional and permanent housing programs, group homes, sober living homes as well as with family and friends.

3B-4.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)

County terms of incarceration are satisfied at Glen Helen Rehabilitation Center (GHRC). The Probation Department established the San Bernardino County Reentry Collaborative (SBCRC) to review and submit policy recommendations for improved collaboration between the California Department of Rehabilitation and the County. SBCRC has been very successful in facilitating successful reintegration of offenders returning to the community. The Probation Department executed formal agreements with Victor Valley Family Resource Center, Family Assistance Program, Technical Employment Training, Inc., to ensure that persons discharged from correctional facilities are not routinely discharged into homelessness.

3C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3C-1 Does the Consolidated Plan for the jurisdiction(s) within the CoC's geography include the CoC's strategic plan goals for addressing and ending homelessness? Yes

3C-1.1 If yes, list the goals in the CoC strategic plan. (limit 1000 characters)

The County of San Bernardino CoC strategic plan goals include the following: Provide resources to prevent households at risk of becoming homeless from becoming homeless; Provide resources for emergency shelter and transitional housing programs; Provide resources for emergency shelter and transitional housing programs; Provide resources for homeless subpopulations including victims of domestic violence and substance abusers; Provide resources for job counseling and training; Implement a viable continuum of care and fill gaps in the current system; Remove barriers to affordable housing; Develop affordable housing for very low, low, and moderate income households.

3C-2 Describe the extent in which the CoC consults with State and local government Emergency Solutions Grants (ESG) program recipients within the CoC's geographic area on the plan for allocating ESG program funds and reporting on and evaluating the performance of ESG program recipients and subrecipients. (limit 1000 characters)

The State of California Housing and Community Development (HCD) requires all applicants of HCD funds to coordinate and integrate, to the maximum extent practicable, ESG-funded activities with other programs targeted to homeless people in the area covered by the CoC or their service area to provide a strategic, community-wide system to prevent and end homelessness for that area. A local ESG grant review board reviews all ESG submissions to the State and provides feedback and a score to State HCD ESG teams. The County of San Bernardino Community Development and Housing (CDH) is the administrator for the federal ESG funding within the CoC. CDH representative and the lead agency in the CoC, Office of Homeless Services (OHS), met with ESG service providers to design the ESG program and include best practices learned from HPRP. CDH and the CoC developed program goals and desired outcomes for local ESG funding that can be tracked through HMIS data. CDH monitors and provides technical assistance to all ESG funded programs within the CoC. Program not meeting established program goals are provided additional technical assistance to improve program outcomes.

3C-3 Describe the extent in which ESG funds are used to provide rapid re-housing and homelessness prevention. Description must include the percentage of funds being allocated to both activities. (limit 1000 characters)

The CoC allocated 20% of ESG funds to RRH in FYs 2012 and 2013 and allocated 40% of ESG funds to Homeless Prevention in FYs 2012 and 2013. The rationale for the decisions made regarding the funding allocation were made by the CoC, in consultation with the local ESG recipient(s). Exiting individuals and families from homelessness through rapid re-housing reduced the negative impacts of homelessness such as loss of employment, failure to comply with instructions to obtain mainstream resources, and reduced school attendance. The CoC also wanted to reduce the length of stay in ES and TH so that the same number of beds could serve more households as short-term housing. The CoC wanted to move households off the streets while working with them to implement a rapid re-housing approach that would result in as minimum of a stay in ES or TH as possible. Data analysis revealed that short-term is frequently sufficient to help most individuals and families secure permanent housing quickly and successfully, so there are more resources available to assist more households to move out of homelessness.

3C-4 Describe the CoC's efforts to reduce the number of individuals and families who become homeless within the CoC's entire geographic area. (limit 1000 characters)

A county-wide homeless prevention strategy has been implemented with ESG recipients that provide rental and utility cash assistance to households with the highest likelihood of becoming homeless. These households are distinguished from other households who are at risk of becoming homeless but not likely to become homeless. Distinguishing criteria includes household income at or below 30% of area median household income and whether or not a household has a history of homelessness or not. This type of cash assistance is a short-term subsidy of one to three months so that as many households as possible can be assisted. Providing "just enough" helps more people in crisis. Providing more than enough may cost someone else their housing. ESG recipients work with all households at risk of becoming homeless to obtain other types of cash, non-cash assistance, and mainstream resources. ESG recipients receive funding to rapidly re-house any households that lose their housing and become homeless. Temporary shelter is provided until housing is obtained. There are no barriers regarding homeless prevention in the CoC's Analysis of Impediments.

3C-5 Describe how the CoC coordinates with other Federal, State, local, private and other entities serving the homeless and those at risk of homelessness in the planning and operation of projects. (limit 1000 characters)

The CoC coordinates with HOPWA through the San Bernardino County Housing Authority (HA), Foothill AIDS Project and Central City Lutheran. The Transitional Assistance Department (TAD) administers TANF, SNAP, Medicaid and Welfare to Work and provides training to homeless service providers regarding enrollment and requirements for the above noted programs. Runaway and Homeless Youth programs in the CoC is administered by Young Visionaries Youth Leadership Academy (YVYLA) which hosts outreach events and workshops throughout the year. The Preschool Services Department administers the Federal Head Start Program as well and the Child and Adult Care Food Program throughout the CoC. The Community & Wellness Foundation provides capacity building resources for local homeless service providers. Federal and State ESG, Title V, NSP, CDBG, and SAMHSA-CSAT coordinate services within the CoC. The State AB-109 re-entry funds are administered locally by the County of San Bernardino Probation Department which serves on the local Interagency Council on Homelessness Board.

3C-6 Describe the extent in which the PHA(s) within the CoC's geographic area are engaged in the CoC efforts to prevent and end homelessness. (limit 1000 characters)

Housing Authority of San Bernardino County (HASBC) is an active member of the CoC and attends monthly and quarterly committee meetings including 10-year plan. It also provides CoC with space for, and helps facilitate, meetings when needed. HASBC has provided Section 8 HCV for households experiencing homelessness but has not established homeless preferences. It has modified its tenant screening criteria and procedures to help reduce barriers to housing for homeless households. HASBC has established flexible intake and briefing schedules and provides space for service providers to help expedite process for HCV. It actively seeks referrals from CoC agencies particularly for S+C and VASH programs and other PSH programs that it administers such as HOPWA. HASBC partners with agencies to ensure that vulnerable households have access to supportive services to help with housing stability. HASBC has attached up to 20% of its voucher assistance to specific housing units after owners agreed to either rehab or set-aside a portion of units for HCV. It has also established partnerships with community groups to provide move-in assistance to people exiting homelessness.

3C-7 Describe the CoC's plan to assess the barriers to entry present in projects funded through the CoC Program as well as ESG (e.g. income eligibility requirements, lengthy period of clean time, background checks, credit checks, etc.), and how the CoC plans to remove those barriers. (limit 1000 characters)

The CoC is aware of some TH and PSH projects require more stringent eligibility requirements for entry into a program than what HUD requires. As a result, the CoC will take the following steps to remove such requirements by helping TH and PSH providers implement housing first and rapid rehousing approaches through workshops and seminars and providing them with the tools to implement what they learn. These steps include: 1) returning households to PH as quickly as possible instead of supporting lengthy stays in ES and TH; and 2) provide home-based case management instead of shelter-based case management. Issues that prevent households from obtaining and maintaining housing will be addressed once they are housed. As a result, providers will not focus on income eligibility, lengthy period of "clean" time, background checks, and credit checks, etc. as criteria for obtaining TH and PSH housing. Households in TH will be rapidly re-housed into PSH or PH. Participation in services or program compliance will not be a condition of PSH tenancy. Rapid re-housing programs may require case management as condition of receiving rental assistance.

**3C-8 Describe the extent in which the CoC and its permanent supportive housing recipients have adopted a housing first approach.
(limit 1000 characters)**

CoC has adopted a housing first approach across the entire geographic area of the CoC. As a result, 100% of PSH programs follow a housing first model. The core elements of the CoC's HF approach include: 1) Admission/tenant screening and selection practices promote the acceptance of applicants regardless of sobriety or use of substances, completion of treatment, and participation in services; 2) Applicants are seldom rejected on the basis of poor credit or financial history, poor or lack of rental history, minor criminal convictions, or behaviors that indicate a lack of "housing readiness;" 3) Housing accepts referrals directly from shelters, street outreach, drop-in centers, and other parts of crisis response system frequented by vulnerable people experiencing homelessness; and 4) Supportive services emphasize engagement and problem-solving over therapeutic goals. Services plans are highly tenant-driven without predetermined goals. Participation in services or program compliance is not a condition of PSH tenancy.

**3C-9 Describe how the CoC's centralized or coordinated assessment system is used to ensure the homeless are placed in the appropriate housing and provided appropriate services based on their level of need.
(limit 1000 characters)**

The United Way administers the, County's 211 system which was developed with the help of a broad, community-based team, the 211 Advisory Committee, representatives from the First 5 Commission, the Board of Supervisors, several County departments, Loma Linda University, Cal State San Bernardino and non-profit organizations. The CoC will expand the current system so Individuals and families that are experiencing a housing crisis will be able to contact 2-1-1 directly for help toll-free from any telephone throughout County. A 2-1-1 Operator will conduct an initial screening before referring the individual or family to one of the appropriate CoC housing providers. All providers within the CoC will use a comprehensive and standardized assessment tool that collects HUD and agency required data to determine the appropriate placement. The County's coordinated intake/assessment system will be advertised through monthly provider meetings, County website, Outreach events, e-mail blasts to homeless providers and school liaisons.

3C-10 Describe the procedures used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to request housing or services in the absence of special outreach. (limit 1000 characters)

The CoC works to ensure equal opportunity and affirmatively further fair housing by undertaking affirmative measures to ensure access to assisted housing regardless of race, color, religion, national origin, sex, familial status, and disability. Measures include: 1) assist housing industry groups in the County with education and dissemination of information concerning fair housing; 2) provide individuals with fair housing education, counseling and outreach pertaining to homeownership; 3) work with housing industry groups and other associated professionals to establish business practices that ensure an individual's rights to fair housing opportunities; and 4) provide a comprehensive fair housing program of education, outreach and mediation to affirmatively further fair housing working with participating jurisdictions to develop and distribute public education and information materials on tolerance, focusing on sexual orientation, race/ethnic relations and religion.

3C-11 Describe the established policies that are currently in place that require all homeless service providers to ensure all children are enrolled in early childhood education programs or in school, as appropriate, and connected to appropriate services within the community. (limit 1000 characters)

The CoC has established policies which require that each school district must designate a liaison for children and youth experiencing homelessness. The designated liaison is required to ensure that homeless children and youths are identified by school personnel and services are coordinated with other enteritis and agencies. The liaison ensures that homeless children are enrolled in school. Coordination with schools and community agencies is an essential identification strategy, as is professional development, awareness and training activities within school districts and the community.

3C-12 Describe the steps the CoC, working with homeless assistance providers, is taking to collaborate with local education authorities to ensure individuals and families who become or remain homeless are informed of their eligibility for McKinney-Vento educational services. (limit 1000 characters)

Local education agencies (LEAs) participate in the CoC planning and committee meetings. The San Bernardino Superintendent of Schools provides updates at the monthly HPN and bi-monthly ICH meetings on the status of homeless children within the County. The LEAs continue to inform the homeless providers on the requirements and eligibility of the McKinney-Vento education services so that children they serve will enroll and remain in school. The CoC and LEAs are exploring several ways to assist in the identification of homeless families which includes keeping an updated list of low-cost hotels, motels and trailer parks so that school registrars can recognize addresses that may indicate homelessness; examining transportation logs to find doubled-up families; training teachers to listen for statements that may indicate that a child is living in a homeless situation, such as looking for changes in behavior or certain types of behavior. The CoC and LEAs are exploring ways to inform homeless families of their eligibility for McKinney-Vento education services and rights as part of regular school mailings and handouts at the beginning of the school year.

3C-13 Describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing providers to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing. (limit 1000 characters)

Agencies applying for funding within the CoC are required to attend a mandatory workshop and the requirement has been explained and discussed during the workshop. Agencies applying for and awarded funding are required to sign an MOU requiring all agencies to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing. This requirement will be reviewed during monitoring site visits by interviewing staff and clients to ensure that families with children under the age of 18 are not denied admission or separated when entering shelter or housing. The CoC will also require that agency's awarded CoC funding will post this policy at appropriate places within their programs.

3C-14 What methods does the CoC utilize to monitor returns to homelessness by persons, including, families who exited rapid re-housing? Include the processes the CoC has in place to ensure minimal returns to homelessness. (limit 1000 characters)

The CoC reviews HMIS data monthly to monitor and record episodes of homelessness by program participants who exit rapid re-housing, transitional and permanent housing. The methods used in the CoC to ensure minimal returns to homelessness include; A pre-exit re-assessment to ensure clients are stably housed and self-sufficient; clients are informed of the importance of the follow-up; case managers update the client contact information; and clients agree to a follow-up date. The majority of agencies in the CoC follow-up with clients at 1, 3, 6, 9 and 12 monthly intervals and provide after care services, if needed, that are tailored to each family's specific needs and help in maintaining stability and self-sufficiency. During the initial follow-up visits the clients are re-assessed and offered additional services to maintain housing and self sufficiency.

3C-15 Does the CoC intend for any of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes? No

3C-15.1 If yes, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 1000 characters)

3C-16 Has the project been impacted by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2013 CoC Program Competition? No

3C-16.1 If 'Yes', describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)

3D. Continuum of Care (CoC) Coordination with Strategic Plan Goals

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP).

**3D-1 Describe how the CoC is incorporating the goals of Opening Doors in local plans established to prevent and end homelessness and the extent in which the CoC is on target to meet these goals.
(limit 1000 characters)**

The CoC has incorporated the following goals of Opening Doors into its 10-year plan to end homelessness. "Finishing the job of ending chronic homelessness by 2015" is accomplished through targeted outreach, implementation of a program called Project HOPE to house chronically homeless persons, a housing first approach, and an increase in PSH units. "Preventing and ending homelessness among Veterans by 2015" is met through an increase in PSH beds, HUD VASH vouchers, and SSVP. "Preventing and ending homelessness for families, youth, and children by 2020" is being met through a rapid re-housing program called No Child Left Unsheltered. The CoC "set a path to ending all types of homelessness" in its 10-year plan. This includes a coordinated assessment system, determining that TH is a suitable intervention for victims of DV and youth ages 18-24, and providing priority HC vouchers for families. The Interagency Council set the following goals; 95% of clients in PSH shall remain in PSH at the end of the program year and 54% of clients obtain mainstream services at program exit. The CoC has surpassed the stated goals.

**3D-2 Describe the CoC's current efforts, including the outreach plan, to end homelessness among households with dependent children.
(limit 750 characters)**

The CoC has programs and housing options that respond to the homeless families and reduce the incidence of homelessness and move families to PSH. "No Child Left Unsheltered" program goal is to end homelessness of unsheltered families with children, with attention to the education and well-being of the children. The program meets the needs of unsheltered families in the county by offering public housing units and housing choice voucher rental subsidies to families who are identified as chronically homeless. HACSB has set aside 40 housing choice vouchers available to eligible families meeting the program criteria. Rental subsidy is determined based on the same methodology used in the HACSB Streamlined Lease Assistance program. Families also will be able to apply for housing at Waterman Gardens, a public housing community.

**3D-3 Describe the CoC's current efforts to address the needs of victims of domestic violence, including their families. Response should include a description of services and safe housing from all funding sources that are available within the CoC to serve this population.
(limit 1000 characters)**

There are currently six DV programs operating within the CoC. One program is funded by ESG and one is funded by CoC funds. The remaining programs are funded through private funding sources. All DV programs maintain a phone line which is available 24/7 for victims of domestic violence to call, receive help and shelter assistance. Once DV victim has been assessed, they are moved to a safe house with their children, and pets to an undisclosed location. Clients who stay at the safe house, receive treatment, and if they are in need of further assistance may be placed in transitional housing (TH). The TH housing is located in an undisclosed location. Temporary Restraining Order Clinic is available as well as support groups. DV provider agencies are not required to participate in HMIS but they collect personally identifiable data at the program level and upload the client data using a hashed identifier once a year to a central database. The hashing technique scrambles each personal identifier into a completely indecipherable value.

**3D-4 Describe the CoC's current efforts to address homelessness for unaccompanied youth. Response should include a description of services and housing from all funding sources that are available within the CoC to address homelessness for this subpopulation. Indicate whether or not the resources are available for all youth or are specific to youth between the ages of 16-17 or 18-24.
(limit 1000 characters)**

The CoC youth outreach plan requires the outreach team to conduct outreach at locations where homeless youth are known to congregate. The team is coordinated by the Office of Homeless Services (OHS), lead agency in the CoC, local school systems, youth homeless service providers, Department of Behavioral Health, and Department of Children and Family Services. An assessment is conducted for all participating youth. Staff persons coordinate safe and secure housing, educational resources, mental health services, and connection to mainstream programs that serve youth. A 2 week follow-up is conducted to reach those who did not wish to participate. HUD CoC funds provide services to youth ages 18-24. The Mental Health Services Act, California Homeless Youth Project, and private donations provide resources for youth ages 16-17.

**3D-5 Describe the efforts, including the outreach plan, to identify and engage persons who routinely sleep on the streets or in other places not meant for human habitation.
(limit 750 characters)**

The CoC's outreach plan includes the Project HOPE program. The program reaches chronically homeless adults and families in the CoC. The team conducts an assessment for those persons who cooperate with the team and those who do not wish to cooperate are provided with resource information. A 2 week follow-up is conducted to reach those who did not cooperate initially. The CoC has many remote areas in which homeless persons live. When a homeless person is identified in a remote area, the outreach team is augmented with law enforcement personnel who are able to direct the team to the individual(s). The outreach plan encourages attendance of homeless service providers at the County's bi-annual Project Connect, Health Fairs, and all local events for those at risk and those experiencing homelessness.

**3D-6 Describe the CoC's current efforts to combat homelessness among veterans, particularly those are ineligible for homeless assistance and housing through the Department of Veterans Affairs programs (i.e., HUD-VASH, SSVF and Grant Per Diem). Response should include a description of services and housing from all funding sources that exist to address homelessness among veterans.
(limit 1000 characters)**

The CoC currently has 190 HUD VASH Vouchers available which are administered through the 1,000 Homes Campaign. In June 2013, Office of Homeless Services, lead CoC agency, Housing Authority San Bernardino County (HASBC) and Loma Linda Veterans Affairs Medical Center (VAMC) and local service providers attended the Boot Camp to kick off the CoC's 1,000 Homes Campaign. As of November 2013, the coordinated effort has housed over 130 veterans and is designed to end veteran homelessness by December of 2014. OHS, U.S. Veterans Initiative; Life Community Development; Knowledge, Education for Success, Inc.; and Lighthouse Treatment Center coordinate the SSVF and GPD grant in the CoC. The grants serve approximately 225 homeless and at-risk veteran families in the CoC. OHS coordinates housing and services with CoC funded PSH, TH and ESG providers that specifically target veterans and their families that are not eligible for VA funded housing services. The VA outreach Teams provide resource information, attend bi-annual Veteran Stand Downs, and participate in the County's bi-annual Project Connects which include representatives from all local VA service providers.

3E. Reallocation

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3E-1 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new permanent supportive housing projects dedicated to chronically homeless persons? Yes

3E-2 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new rapid re-housing project for families? Yes

**3E-2.1 If the CoC is planning to reallocate funds to create one or more new rapid re-housing project for families, describe how the CoC is already addressing chronic homelessness through other means and why the need to create new rapid re-housing for families is of greater need than creating new permanent supportive housing for chronically homeless persons.
(limit 1000 characters)**

The CoC has implemented an aggressive housing first approach for chronically homeless persons, which includes targeted street outreach for these persons for chronically homeless (CH) persons. 100% of beds that are not dedicated CH beds will be filled with chronically homeless individuals when they become available through turnover. In addition, 75 transitional housing beds are being reallocated to permanent supportive housing beds for individuals and families. Also, 100% of beds that are not dedicated to chronically homeless individuals will be designated for chronically homeless individuals when they become available through turnover. As a result, the CoC has decided that chronically homeless families have been prioritized because of the activities described above. However, the CoC wanted to prioritize non-chronically homeless families thus, one TH project will be reallocated to non-chronically homeless families this year.

3E-3 If the CoC responded 'Yes' to either of the questions above, has the recipient of the eligible renewing project being reallocated been notified? Yes

3F. Reallocation - Grant(s) Eliminated

CoCs planning to reallocate into new permanent supportive housing projects for chronically homeless individuals may do so by reducing one or more expiring eligible renewal projects. CoCs that are eliminating projects entirely must identify those projects.

Amount Available for New Project: (Sum of All Eliminated Projects)				
\$853,862				
Eliminated Project Name	Grant Number Eliminated	Component Type	Annual Renewal Amount	Type of Reallocation
Victor Valley Dom...	CA0688L9D091205	TH	\$283,537	Regular
New Hope Village,...	CA0815L9D091204	TH	\$66,675	Regular
Infinite Horizons	CA0937L9D091203	TH	\$432,927	Regular
Supportive Servic...	CA0817L9D091203	TH	\$70,723	Regular

3F. Reallocation - Grant(s) Eliminated Details

3F-1 Complete each of the fields below for each grant that is being eliminated during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Eliminated Project Name: Victor Valley Domestic Violence Transitional Housing

Grant Number of Eliminated Project: CA0688L9D091205

Eliminated Project Component Type: TH

Eliminated Project Annual Renewal Amount: \$283,537

**3F-2 Describe how the CoC determined that this project should be eliminated.
(limit 750 characters)**

The CoC and Victor Valley Domestic Violence Transitional Housing (VVDV) reviewed each of the program outcomes and determined that Permanent Supportive Housing (PSH) is an appropriate option for serving the families that are enrolled in the VVDV Transitional Housing program. PSH is proven to be the most effective use of funds to serve chronically homeless families. Because the majority of households served in the CoC's Victor Valley transitional housing program are families that meet the criteria for chronically homeless families, the CoC and the funded agency determined that reallocating the program into a PSH project for families is the most efficient use of funds.

3F. Reallocation - Grant(s) Eliminated Details

3F-1 Complete each of the fields below for each grant that is being eliminated during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Eliminated Project Name: New Hope Village, Inc. 2012

Grant Number of Eliminated Project: CA0815L9D091204

Eliminated Project Component Type: TH

Eliminated Project Annual Renewal Amount: \$66,675

**3F-2 Describe how the CoC determined that this project should be eliminated.
(limit 750 characters)**

The CoC and New Hope Village, Inc. Transitional Housing reviewed each of the program outcomes and determined that Permanent Supportive Housing (PSH) is an appropriate option for serving the families that are enrolled in the New Hope Village, Inc. Transitional Housing program. PSH is proven to be the most effective use of funds to serve chronically homeless families. Because the majority of households served in the CoC's New Hope Village, Inc. transitional housing program are families that meet the criteria for chronically homeless families, the CoC and the funded agency determined that reallocating the program into a PSH project for families is the most efficient use of funds.

3F. Reallocation - Grant(s) Eliminated Details

3F-1 Complete each of the fields below for each grant that is being eliminated during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Eliminated Project Name: Infinite Horizons

Grant Number of Eliminated Project: CA0937L9D091203

Eliminated Project Component Type: TH

Eliminated Project Annual Renewal Amount: \$432,927

**3F-2 Describe how the CoC determined that this project should be eliminated.
(limit 750 characters)**

The CoC and Inland Temporary Homes reviewed each of the program outcomes and determined that Rapid Re-Housing is an appropriate option for serving families with low-barriers that need shorter interventions such as the clients served in the Infinite Horizons Transitional Housing program. Rapid Re-Housing is proven to be lower cost per household which will increase the total number of households that can be served with the same amount of funding. Because the majority of households served in the CoC's Infinite Horizons Transitional Housing program are families with lower barriers, the CoC and the funded agency determined that reallocating the program into new rapid re-housing projects for families is the most effective use of funds.

3F. Reallocation - Grant(s) Eliminated Details

3F-1 Complete each of the fields below for each grant that is being eliminated during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Eliminated Project Name: Supportive Services Outreach

Grant Number of Eliminated Project: CA0817L9D091203

Eliminated Project Component Type: TH

Eliminated Project Annual Renewal Amount: \$70,723

**3F-2 Describe how the CoC determined that this project should be eliminated.
(limit 750 characters)**

The CoC and Inland Temporary Homes reviewed each of the program outcomes and determined that Rapid Re-Housing is an appropriate option for serving families with low-barriers that need shorter interventions such as the clients served in the Supportive Services Outreach Transitional Housing program. Rapid Re-Housing is proven to be lower cost per household which will increase the total number of households that can be served with the same amount of funding. Because the majority of households served in the CoC's Supportive Services Outreach Transitional Housing program are families with lower barriers, the CoC and the funded agency determined that reallocating the program into new rapid re-housing projects for families is the most effective use of funds.

3G. Reallocation - Grant(s) Reduced

CoCs that choose to reallocate funds into new rapid rehousing or new permanent supportive housing for chronically homeless persons may do so by reducing the grant amount for one or more eligible expiring renewal projects.

Amount Available for New Project (Sum of All Reduced Projects)					
Reduced Project Name	Reduced Grant Number	Annual Renewal Amount	Amount Retained	Amount available for new project	Reallocation Type
This list contains no items					

3H. Reallocation - New Project(s)

CoCs must identify the new project(s) it plans to create and provide the requested information for each project.

Sum of All New Reallocated Project Requests
(Must be less than or equal to total amount(s) eliminated and/or reduced)

\$853,862

Current Priority #	New Project Name	Component Type	Transferred Amount	Reallocation Type
11	Victor Valle...	PH	\$283,537	Regular
12	New Hope Vil...	PH	\$66,675	Regular
13	Infinite Hor...	PH	\$503,650	Regular

3H. Reallocation - New Project(s) Details

3H-1 Complete each of the fields below for each new project created through reallocation in the FY2013 CoC Program Competition. CoCs can only reallocate funds to new permanent housing—either permanent supportive housing for the chronically homeless or rapid re-housing for homeless households with children.

FY2013 Rank (from Project Listing): 11

Proposed New Project Name: Victor Valley Domestic Violence A Better Way
PSH

Component Type: PH

Amount Requested for New Project: \$283,537

3H. Reallocation - New Project(s) Details

3H-1 Complete each of the fields below for each new project created through reallocation in the FY2013 CoC Program Competition. CoCs can only reallocate funds to new permanent housing—either permanent supportive housing for the chronically homeless or rapid re-housing for homeless households with children.

FY2013 Rank (from Project Listing): 12

Proposed New Project Name: New Hope Village-PSH

Component Type: PH

Amount Requested for New Project: \$66,675

3H. Reallocation - New Project(s) Details

3H-1 Complete each of the fields below for each new project created through reallocation in the FY2013 CoC Program Competition. CoCs can only reallocate funds to new permanent housing—either permanent supportive housing for the chronically homeless or rapid re-housing for homeless households with children.

FY2013 Rank (from Project Listing): 13

Proposed New Project Name: Infinite Horizons - PSH

Component Type: PH

Amount Requested for New Project: \$503,650

3I. Reallocation: Balance Summary

3I-1 Below is the summary of the information entered on forms 3D-3H. and the last field, "Remaining Reallocation Balance" should equal "0." If there is a balance remaining, this means that more funds are being eliminated or reduced than the new project(s) requested. CoCs cannot create a new reallocated project for an amount that is greater than the total amount of reallocated funds available for new projects.

Reallocation Chart: Reallocation Balance Summary

Reallocated funds available for new project(s):	\$853,862
Amount requested for new project(s):	\$853,862
Remaining Reallocation Balance:	\$0

4A. Continuum of Care (CoC) Project Performance

Instructions

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

4A-1 How does the CoC monitor the performance of its recipients on HUD-established performance goals? (limit 1000 characters)

County of San Bernardino Office of Homeless Services (OHS) is the Continuum of Care (CoC), lead agency and the Homeless Management Information System lead agency. OHS monitors Contractors annually for compliance with the terms and conditions of HUD CoC Homeless assistance awards, SBC CoC HMIS Policies and Procedures and the HMIS Participating Agency Agreement. County of San Bernardino CoC Monitoring Guideline Handbook provides guidelines for monitoring contracts that provide services to homeless individuals and those at risk of becoming homeless and to delineate the responsibilities of contract monitoring in the areas of administrative, fiscal, and program compliance. Post monitoring visit is conducted a full monitoring report, which includes any findings and required correction action required, is prepared and provided to the appropriate program director.

4A-2 How does the CoC assist project recipients to reach HUD-established performance goals? (limit 1000 characters)

OHS facilitates training workshops throughout the year to inform each service provider of the HUD established performance goals. Workshops includes such topics as; Implementation of the HEARTH Act, Annual Performance Report Overview, HUD Continuum of Care Homeless Assistance Agencies, Re-Tooling TH Programs, Covered California Overview, Monthly HMIS Required Data Elements, etc. Agencies are monitored annually and are required to submit a copy of the most recently submitted APR to ensure that agencies are meeting the performance goals.

4A-3 How does the CoC assist recipients that are underperforming to increase capacity? (limit 1000 characters)

Office of Homeless Services (OHS), lead agency in the CoC and lead HMIS lead agency, conducts monitoring site visits and provides technical assistance to all agencies within the CoC. Additionally, OHS has developed a monthly review card that exhibits an agency's progress in meeting and exceeding the HUD established performance goals. Agencies are strongly encouraged to attend monthly HMIS training, technical workshops annual grant writing workshop and monthly Homeless Provider Network meetings so they may network and discuss best practices.

**4A-4 What steps has the CoC taken to reduce the length of time individuals and families remain homeless?
(limit 1000 characters)**

The CoC has taken the following steps to reduce length of time homeless (LOTH): 1) adopted and implemented a CoC wide Housing First approach; and 2) adopted and implemented a CoC wide Rapid Re-housing approach. The CoC has recently increased the number of public and private partners for these approaches. The CoC has also 3) begun revising intake processes to ensure homeless households are given the right intervention through program admission; 4) adjusted case management procedures in order to train CoC and ESG case managers to move away from a housing-ready approach to a home-based case management approach; 5) improved data collection through HMIS by training participants to enter related data correctly and timely; and 6) generating monthly reports for outcome measurement. The CoC is in the process of adopting the HEARTH goal of no more than 30 days homeless and the high-performing communities goal of reducing LOTH at least 10% from preceding years. The CoC will target non-HUD funded projects to reduce their LOTH such as those who receive EFSP, CDBG, and HOME funding.

**4A-5 What steps has the CoC taken to reduce returns to homelessness of individuals and families in the CoC's geography?
(limit 1000 characters)**

26 individuals and 5 families leaving homelessness experience an additional episode of homelessness in the CoC. Prior to exiting a program clients are informed of the importance of the follow-up, provide updated client contact information, provided with a follow-up date, re-assessed to ensure they are stably housed and self-sufficient. The majority of agencies in the CoC follow-up with clients 1, 3, 6, 9 and 12 monthly intervals to providing after care services, if needed, that are tailored to each family's specific needs and help in maintaining stability and self-sufficiency. During the initial follow-up visits the clients are re-assessed and offered additional services to maintain housing and self sufficiency.

**4A-6 What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families?
(limit 1000 characters)**

CoC, Project HOPE, is a street-to-home program developed to reach the chronically homeless adults and families in the CoC. It is a specially-trained, multidisciplinary mobile, all-hours, unit providing PSH to homeless individuals that has housed over 250 chronically homeless individuals. Project HOPE coordinates with ESG and Faith-Based groups to provide utility/rent deposits, transportation, etc. to clients. Community Development and Housing Departments' (CDH) Analysis and Impediment's for Fair Housing Choice report identified the following impediments to fair housing; Housing Discrimination, Limited Supply of Affordable Housing, Zoning Issues, Local Opposition and Lending Practices. The CoC and CDH address these issues and educate households and organizations by conducting sessions on fair housing practices, encouraging mixed-use development, encouraging cities to keep their Housing Element current and in compliance, and providing financial literacy programs in low income areas.

4B. Section 3 Employment Policy

Instructions

*** TBD ***

4B-1 Are any new proposed project applications requesting \$200,000 or more in funding? Yes

4B-1.1 If yes, which activities will the project(s) undertake to ensure employment and other economic opportunities are directed to low or very low income persons? (limit 1000 characters)

The project undertake the following activities to ensure employment and other economic opportunities are directed to low or very low income persons Preference policy for hiring low and very low income persons residing in the service area; Advertise at social service agencies and Employment/Training/Community centers, local newspapers.

4B-2 Are any of the projects within the CoC requesting funds for housing rehabilitation or new constructions? No

4B-2.1 If yes, which activities will the project undertake to ensure employment and other economic opportunities are directed to low or very low income persons: Advertise at social service agencies, Employment/Training/Community centers, local newspapers, Preference policy for hiring low and very low income persons residing in the service area

4C. Accessing Mainstream Resources

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

4C-1 Does the CoC systematically provide information about mainstream resources and training on how to identify eligibility and program changes for mainstream programs to provider staff? Yes

4C-2 Indicate the percentage of homeless assistance providers that are implementing the following activities:

* Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	95%
* Homeless assistance providers use a single application form for four or more mainstream programs.	95%
* Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	95%

4C-3 Does the CoC make SOAR training available for all recipients and subrecipients at least annually? Yes

4C-3.1 If yes, indicate the most recent training date: 12/16/2013

**4C-4 Describe how the CoC is preparing for implementation of the Affordable Care Act (ACA) in the state in which the CoC is located. Response should address the extent in which project recipients and subrecipients will participate in enrollment and outreach activities to ensure eligible households are able to take advantage of new healthcare options.
(limit 1000 characters)**

Covered California is the State's marketplace for the federal Patient Protection and Affordable Care Act. The CoC is preparing for the implementation of the ACA in several ways including: 1) partnering with Covered California to host enrollment events at CoC sites; 2) including enrollment resources in various communications such as flyers and brochures to residents of CoC programs; 3) hosting presentations that educate CoC program staff about rules and resources so they can accurately answer resident's questions; 4) hosting trainings for providers on how the Affordable Care Act is being implemented in California and how to apply for health insurance through the marketplaces; 5) and partnering with Health Care for the Homeless, community health centers, or other health care organizations to determine how they can help with Medicaid enrollment and deliver primary and behavioral health services to people experiencing homelessness.

**4C-5 What specific steps is the CoC taking to work with recipients to identify other sources of funding for supportive services in order to reduce the amount of CoC Program funds being used to pay for supportive service costs?
(limit 1000 characters)**

The CoC facilitates monthly Homeless Provider Network meetings and each month a mainstream service provider is highlighted and asked to present information to recipients. Additionally, the CoC participates in local health fairs, outreach events and hosts several Project Homeless Connects throughout the County that link homeless individuals to services that include enrollment in mainstream services such as social security and veterans benefits, legal services, employment assistance, substance abuse and mental health counseling, health related services, and access to e-mail and long distance phone calls and social services.

Attachment Details

Document Description: CA-609 2013 HUD 2991

Attachment Details

Document Description: CA 609-Governance Charter

Attachment Details

Document Description: HMIS Policies and Procedures - Governance Agreement

Attachment Details

Document Description: CoC Rating and Review Document

Attachment Details

Document Description:

Attachment Details

Document Description: FY 2013 Chronic Homeless Project Prioritization List

Attachment Details

Document Description: 2013 Grant Inventory Workbook

Attachment Details

Document Description:

Attachment Details

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Submission Summary

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2C. HMIS Beds	01/22/2014
2D. HMIS Data Quality	01/29/2014
2E. HMIS Data Usage	01/22/2014
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3C. CoC Coordination	01/23/2014
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3E. Reallocation	01/22/2014
3F. Grant(s) Eliminated	01/22/2014
3G. Grant(s) Reduced	No Input Required
3H. New Project(s)	01/22/2014
3I. Balance Summary	No Input Required
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4B. Employment Policy	01/22/2014
4C. Resources	01/22/2014
Attachments	01/29/2014
Submission Summary	No Input Required